



11-10-03

3763

## AMENDMENT TRANSMITTAL LETTER

Docket No.  
CMZ-117RCE

Application No.  
09/114810

Filing Date  
July 13, 1998

Examiner  
C. Rodriguez

Art Unit  
3763

Applicant(s): Anthony Atala, et al.

Invention: ULTRASOUND-MEDIATED DRUG DELIVERY

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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#### CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	42	- 27 =	15	x 18.00	270.00
Independent Claims	10	- 6 =	4	x 86.00	344.00
Multiple Dependent Claims (check if applicable)					
Other fee (please specify): Extension for response within third month					950.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,564.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 12-0080 in the amount of \$ 1,564.00  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 782.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 12-0080  
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*Hathaway Pease*

Dated: November 7, 2003

Hathaway Pease

Attorney Reg. No.: 46,488

LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

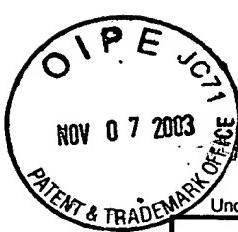
The PTO did not receive the following  
listed item(s). A check for

\$ 782.00

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Dated: November 7, 2003

Signature: *Hathaway Pease* (Hathaway Pease)



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 782.00)

## Complete if Known

Application Number	09/114810
Filing Date	July 13, 1998
First Named Inventor	Anthony Atala
Examiner Name	C. Rodriguez
Art Unit	3763
Attorney Docket No.	CMZ-117RCE

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 12-0080

Deposit Account Name Lahive &amp; Cockfield, LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	475.00

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)		0.00	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	42	-27** = 15 x 9.00	= 135.00
Independent Claims	10	-6** = 4 x 43.00	= 172.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		307.00

\*\* or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Hathaway Pease	Registration No. (Attorney/Agent)	46,488
Signature	<i>Hathaway Pease</i>	Telephone	(617) 227-7400

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